

J.S.
MAR 14 1962
CK
es

Collaborator if any

Artist

Heidi Elsaesser

Address

NO.

STREET

CITY

COUNTY

Shipping Address

(IF SHIPMENT IS REQUIRED)

Tel.

RI 76223

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

Heidi Elsas

SIGNATURE